



National Hispanic Medical Association

2025 CHAPTER BUDGET FORM

Maximum amount allowed is \$2,500.

Chapter Name:
Event:
Event Date:
Expenditure Amount:
Remaining Balance:

Reason for the Expenditure & Explanation:
<input type="checkbox"/> Food & Beverage
<input type="checkbox"/> Venue
<input type="checkbox"/> Travel
<input type="checkbox"/> Speaker Fee /Honorarium

Payment – Please be sure to include the invoice for payment.
Check payable to:
Address:
Contact Phone Number

*** Please Note:** Payments take 7-14 business days to process. Reimbursements will be sent via check payment only. Electronic payments are on a case by case basis due to additional fees that are incurred for this service.

Approvals
Chapter Chair Approval: _____
Chapter Co-Chair Approval: _____

Please submit this form to NHMA via email at lmaloy@nhmamd.org.